

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

3

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3	1					
4		1				
5		1				
6	1					
7		1				
8		1				
9	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	9	↔	↔	↔		
TOTAL CLAIMS	13	████	████	████	████	████

*	IND	DEP	*	IND	DEP	*
51						
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TOTAL IND.		↔	↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		████	████	████	████	████